

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SUBURBAN HOSPITAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8600 OLD GEORGETOWN ROAD City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814-1497 F Name and address of principal officer: MARTIN BASSO SAME AS C ABOVE | D Employer identification number 52-0610545 E Telephone number 443-997-5771 G Gross receipts \$ 360,187,672. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.SUBURBANHOSPITAL.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1942 M State of legal domicile: MD |

Part I Summary

| | | |
|-------------|--|-------------------------------------|
| 1 | Briefly describe the organization's mission or most significant activities: SUBURBAN HOSPITAL IS A COMMUNITY-BASED HOSPITAL SERVING MONTGOMERY COUNTY AND THE | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 21 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 17 |
| 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 2284 |
| 6 | Total number of volunteers (estimate if necessary) | 6 60 |
| 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. |
| 7 b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | 8 23,143,939. 18,258,468. |
| 9 | Program service revenue (Part VIII, line 2g) | 9 275,201,864. 319,073,516. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 10 744,097. 8,572,108. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 11 14,338,083. 11,784,188. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12 313,427,983. 357,688,280. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13 67,504. 40,609. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 14 0. 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 15 143,872,642. 148,011,904. |
| 16 a | Professional fundraising fees (Part IX, column (A), line 11e) | 16 a 0. 0. |
| 16 b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 17 164,863,080. 186,557,383. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 18 308,803,226. 334,609,896. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 19 4,624,757. 23,078,384. |
| 20 | Total assets (Part X, line 16) | 20 610,732,788. 689,946,694. |
| 21 | Total liabilities (Part X, line 26) | 21 202,819,130. 186,423,992. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 22 407,913,658. 503,522,702. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|---|---------------------------|
| Sign Here | DocuSigned by:  Signature of officer | 5/6/2022 Date |
| Paid Preparer Use Only | Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN | |
| | Firm's name ▶ Firm's address ▶ | Firm's EIN ▶ Phone no. |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SUBURBAN HOSPITAL WILL DELIVER SUPERIOR HEALTHCARE ENHANCED BY TECHNOLOGY, WELLNESS EDUCATION, RESEARCH, AND INNOVATIVE PARTNERSHIPS WITH PHYSICIANS, HOSPITALS, THE COMMUNITY, AND THE NATIONAL INSTITUTES OF HEALTH. MISSION: IMPROVING HEALTH WITH SKILL AND COMPASSION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 54,168,608. including grants of \$) (Revenue \$ 64,268,487.) SURGICAL PATIENT SERVICES: SUBURBAN HOSPITAL OFFERS COMPREHENSIVE INPATIENT AND OUTPATIENT SURGICAL SERVICES. THESE INCLUDE ORTHOPEDIC SERVICES, INCLUDING SPINE, NEUROSURGERY AND JOINT REPLACEMENT, WITH THE JOINT REPLACEMENT PROGRAM SERVING OVER 1,500 PATIENTS ANNUALLY. WITH THE DAVINCI SURGICAL SYSTEM, UROLOGIC, GYNECOLOGIC AND THORACIC PROCEDURES ARE PERFORMED WITH STATE-OF-THE-ART ROBOTIC TECHNOLOGY. SUBURBAN HOSPITAL IS THE ONLY CERTIFIED TRAUMA CENTER IN MONTGOMERY COUNTY. THE LEVEL II TRAUMA CENTER TREATS 1500 MAJOR TRAUMA CASES ANNUALLY AND HAS AN ORTHOPEDIC TRAUMATOLOGIST ON STAFF. THE FOLLOWING SPECIALISTS ARE ON CALL FOR EMERGENCIES: TRAUMA SURGEONS, NEUROSURGEONS, UROLOGISTS, ENT, OB/GYN, AND CARDIOLOGISTS. DURING 2021, SUBURBAN HOSPITAL ADMITTED 1,341

4b (Code:) (Expenses \$ 118,563,407. including grants of \$) (Revenue \$ 125,100,587.) MEDICAL PATIENT SERVICES: SUBURBAN HOSPITAL PROVIDES ACUTE AND CRITICAL CARE FOR A COMPLETE RANGE OF MEDICAL DIAGNOSES. THE HOSPITAL IS A JOINT COMMISSION CERTIFIED PRIMARY STROKE CENTER FEATURING A DEDICATED NIH STROKE TEAM, WHICH PROVIDES RAPID DIAGNOSIS AND CUTTING-EDGE TREATMENT OF STROKES. SUBURBAN HOSPITAL ALSO OPERATES A CANCER CARE PROGRAM, WHICH IS ACCREDITED WITH COMMENDATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS. THE COMPREHENSIVE PROGRAM SERVICES PATIENTS WITH ALL DIAGNOSES AND OFFERS CUTTING-EDGE TECHNOLOGY AND PERSONALIZED CARE. IN 2021, SUBURBAN HOSPITAL ADMITTED APPROXIMATELY 6,900 MEDICAL PATIENTS. SUBURBAN HOSPITAL'S OBJECTIVES ARE TO MEASURE AND ANALYZE VARIANCES AND

4c (Code:) (Expenses \$ 31,236,714. including grants of \$) (Revenue \$ 39,162,447.) CARDIOVASCULAR PATIENT SERVICES: SUBURBAN HOSPITAL'S SPECIALIZED CENTER FOR CARDIAC CARE, ANCHORED BY THE NIH HEART CENTER, BRINGS THE CLINICAL AND SCIENTIFIC EXCELLENCE OF TWO RENOWNED MEDICAL INSTITUTIONS TO A COMMUNITY-BASED CARDIAC PROGRAM. THROUGH COLLABORATION WITH THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI) OF THE NATIONAL INSTITUTES OF HEALTH AND JOHNS HOPKINS MEDICINE, SUBURBAN HOSPITAL PROVIDES PATIENTS EASY ACCESS TO ADVANCED CARDIOVASCULAR TREATMENTS AVAILABLE IN VERY FEW MEDICAL CENTERS. IN ADDITION TO STATE-OF-THE-ART CARDIAC SURGERY AND ANGIOPLASTY, THE NIH HEART CENTER AT SUBURBAN HOSPITAL COMPLEMENTS A BROAD RANGE OF EXISITING CARDIAC PROGRAMS AT SUBURBAN HOSPITAL - FROM EMERGENCY CARE TO CARDIAC DIAGNOSTICS AND REHABILITATION. DURING 2021

4d Other program services (Describe on Schedule O.) (Expenses \$ 61,192,463. including grants of \$ 40,609.) (Revenue \$ 102,326,183.)

4e Total program service expenses 265,161,192.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | X | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | X | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--|-----|------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a | | 2284 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 21 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 17 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MARTIN BASSO SR VP FIN TREAS - 301-896-2333**
8600 OLD GEORGETOWN RD, BETHESDA, MD 20814-1497

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KEVIN W. SOWERS, M.S.N., R.N., CORPORATE VICE CHAIRMAN | 2.50 57.50 | X | | X | | | | 0. | 1,672,257. | 221,428. |
| (2) RONALD PETERSON FORMER CORPORATE VICE CHAIRMAN | 0.00 0.00 | | | | | X | | 0. | 1,275,825. | 0. |
| (3) MARTIN BASSO SR VP FINANCE & TREASURER | 30.00 30.00 | | | X | | | | 0. | 853,010. | 95,242. |
| (4) JACKY SCHULTZ PRESIDENT, TRUSTEE | 59.00 1.00 | X | | X | | | | 0. | 758,262. | 8,529. |
| (5) LEO ROTELLO, M.D. TRUSTEE | 2.50 37.50 | X | | | | | | 0. | 608,038. | 101,151. |
| (6) ERIC DOBKIN VP MEDICAL AFFAIRS | 60.00 0.00 | | | X | | | | 0. | 488,144. | 29,594. |
| (7) PETER B. MANCINO, ESQ. SECRETARY | 1.00 59.00 | | | X | | | | 0. | 385,786. | 96,077. |
| (8) CAROLYN CARPENTER, M.H.A, F.A.C PRESIDENT OF THE NATIONAL CAPITAL RE | 30.00 30.00 | X | | X | | | | 0. | 373,746. | 52,388. |
| (9) LEIGHANN SIDONE, R.N. VP NURSING & CNO | 59.00 1.00 | | | X | | | | 0. | 336,190. | 70,251. |
| (10) JOSEPH LINSTROM VP OPERATIONS | 59.00 1.00 | | | X | | | | 0. | 309,786. | 80,301. |
| (11) STEVEN COHEN PHYSICIAN ASST. | 50.00 0.00 | | | | | X | | 243,349. | 0. | 37,964. |
| (12) JENNIFER RAYNOR DEPT DIR OF PHARMACY | 50.00 0.00 | | | | | X | | 220,272. | 0. | 26,876. |
| (13) CHARLES HOOKS SR DIR INFORMATION SYSTEMS | 50.00 0.00 | | | | | X | | 222,234. | 0. | 21,003. |
| (14) BRADLEY FIELD CHIEF PERFUSIONIST | 50.00 0.00 | | | | | X | | 225,220. | 0. | 13,758. |
| (15) CINDY MERZ, M.S. VICE PRESIDENT, DEVELOPMENT | 30.00 30.00 | | | X | | | | 169,504. | 22,577. | 34,215. |
| (16) DEIDRE HILLIARD PHYSICIAN ADVISOR | 50.00 0.00 | | | | | X | | 207,857. | 0. | 17,050. |
| (17) JESSICA MELTON, M.H.A. PRESIDENT | 59.00 1.00 | | | X | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) BARTON LEONARD, M.D. TRUSTEE | 2.50 2.50 | X | | | | | | 0. | 0. | 0. |
| (19) JANINE LOSSING TRUSTEE | 2.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) MARY ELLEN BELIVEAU TRUSTEE, CHAIRMAN | 2.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) MARY MYERS, M.S., R.N. TRUSTEE | 2.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) BRIAN COBB TRUSTEE | 2.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) LINDA COURIE TRUSTEE | 2.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) JONATHAN EFRON, M.D. TRUSTEE | 2.50 2.50 | X | | | | | | 0. | 0. | 0. |
| (25) MARIA GOMEZ TRUSTEE | 2.50 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) ELIZABETH FLANAGAN TRUSTEE | 2.50 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,288,436. | 7,083,621. | 905,827. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,288,436. | 7,083,621. | 905,827. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 270

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| CLARK CONSTRUCTION GROUP LLC 7500 OLD GEORGETOWN RD, BETHESDA, MD 20814 | GENERAL CONTRACTOR | 12,251,246. |
| DEERFIELD CONSTRUCTION GROUP INC, 610 PROFESSIONAL DR, STE 210, GAITHERSBURG, MD | GENERAL CONTRACTOR | 1,092,052. |
| FIRST COLONIES ANESTHESIA ASSOCIATES 12222 MERIT DR, STE 700, DALLAS, TX 75251 | MEDICAL SERVICES | 926,213. |
| POTOMAC HOME SUPPORT, 6001 MONTROSE RD, STE 203, ROCKVILLE, MD 20833 | MEDICAL SERVICES | 896,598. |
| P2 CLEANING SERVICES, LLC 8750 CHERRY LANE C-17, LAUREL, MD 20707 | CLEANING SERVICES | 789,505. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 76

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 1,578,341. | | | | |
| | e Government grants (contributions) | 1e | 16,680,127. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 18,258,468. | | | |
| Program Service Revenue | 2 a NET PATIENT REVENUE | Business Code | 621990 | 319,073,516. | 319,073,516. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 319,073,516. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 3,906,065. | | 3,906,065. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 7,156,000. | 9,435. | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 2,499,392. | 0. | | | |
| | c Gain or (loss) | 7c | 4,656,608. | 9,435. | | | |
| d Net gain or (loss) | | | 4,666,043. | | 4,666,043. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a OTHER REVENUE | Business Code | 900099 | 10,503,122. | 10,503,122. | | |
| | b CAFETERIA INCOME | | 900099 | 669,241. | 669,241. | | |
| | c TV AND PHONE | | 900099 | 375,985. | 375,985. | | |
| | d All other revenue | | 900099 | 235,840. | 235,840. | | |
| | e Total. Add lines 11a-11d | | | 11,784,188. | | | |
| 12 Total revenue. See instructions | | | 357,688,280. | 330,857,704. | 0. | 8,572,108. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 40,609. | 40,609. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 122,222,475. | 103,155,769. | 19,066,706. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,754,636. | 2,324,913. | 429,723. | |
| 9 Other employee benefits | 12,888,177. | 10,877,621. | 2,010,556. | |
| 10 Payroll taxes | 10,146,616. | 8,563,744. | 1,582,872. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 94,488. | | 94,488. | |
| c Accounting | 5,392. | | 5,392. | |
| d Lobbying | 70,426. | | 70,426. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 384,822. | 324,790. | 60,032. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 15,690,035. | 13,983,927. | 1,706,108. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 26,828,246. | 22,939,445. | 3,888,801. | |
| 14 Information technology | 873,885. | 737,559. | 136,326. | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,708,835. | 3,974,257. | 734,578. | |
| 17 Travel | 199,156. | | 199,156. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 79,219. | 66,861. | 12,358. | |
| 20 Interest | 4,015,275. | 4,015,275. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 27,788,432. | 23,453,437. | 4,334,995. | |
| 23 Insurance | 2,451,530. | 2,029,206. | 422,324. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 63,716,700. | 63,716,700. | | |
| b PURCHASED SERVICES - AF | 33,810,370. | 0. | 33,810,370. | |
| c PROFESSIONAL FEES | 4,552,116. | 3,894,905. | 657,211. | |
| d OTHER | 1,199,833. | 973,551. | 226,282. | |
| e All other expenses | 88,623. | 88,623. | | |
| 25 Total functional expenses. Add lines 1 through 24e | 334,609,896. | 265,161,192. | 69,448,704. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|-------------------------|
| Assets | 1 Cash - non-interest-bearing | 87,690. | 1 | 6,575. |
| | 2 Savings and temporary cash investments | 11,995,559. | 2 | 23,227,398. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 29,981,491. | 4 | 40,520,664. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 11,828,925. | 8 | 12,223,016. |
| | 9 Prepaid expenses and deferred charges | 2,132,127. | 9 | 1,099,349. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 504,335,884. | | |
| | b Less: accumulated depreciation | 10b 209,612,407. | 308,694,289. | 10c 294,723,477. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 236,036,022. | 12 | 300,168,170. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 9,976,685. | 15 | 17,978,045. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 610,732,788. | 16 | 689,946,694. | |
| Liabilities | 17 Accounts payable and accrued expenses | 37,522,335. | 17 | 35,961,714. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 165,296,795. | 25 | 150,462,278. |
| | 26 Total liabilities. Add lines 17 through 25 | 202,819,130. | 26 | 186,423,992. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 407,913,658. | 27 | 503,522,702. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 407,913,658. | 32 | 503,522,702. |
| | 33 Total liabilities and net assets/fund balances | 610,732,788. | 33 | 689,946,694. |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 357,688,280. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 334,609,896. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 23,078,384. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 407,913,658. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 72,530,660. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 503,522,702. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | X | |
| | | |
| 3b | X | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| 2a | | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SUBURBAN HOSPITAL, INC.

Employer identification number

52-0610545

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization SUBURBAN HOSPITAL, INC. | Employer identification number 52-0610545 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>1,578,341.</u> | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>56,571.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>92,820.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>16,483,477.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>44,108.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization SUBURBAN HOSPITAL, INC. | Employer identification number 52-0610545 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|--|---|
| Name of organization SUBURBAN HOSPITAL, INC. | Employer identification number 52-0610545 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization SUBURBAN HOSPITAL, INC. | Employer identification number 52-0610545 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
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| | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 70,426. |
| j Total. Add lines 1c through 1i | | | 70,426. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SUBURBAN HOSPITAL PAID ITS PARENT CORPORATION, JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$69,986 DURING FISCAL YEAR ENDED JUNE 30, 2021 TO SUPPORT THEIR LOBBYING ACTIVITIES. JOHNS HOPKINS OFFICE OF GOVERNMENT AND COMMUNITY AFFAIRS (GCA) SERVES JOHNS HOPKINS UNIVERSITY AND MEDICINE, JOHNS HOPKINS HEALTH SYSTEM AND AFFILIATES. THE PRIMARY

Part IV Supplemental Information *(continued)*

PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT JOHNS HOPKINS HEALTH SYSTEM AND ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL.

THE ORGANIZATION ALSO PAID CERTAIN DUES OR MEMBERSHIP FEES TO VARIOUS PROFESSIONAL ASSOCIATIONS, STATE HOSPITAL ASSOCIATIONS, AND OTHER PROFESSIONAL MEDICAL SOCIETIES WHO ALLOCATE A PORTION OF THOSE DUES TOWARDS LOBBYING EXPENSES. FOR FY21, THE ORGANIZATION HAS CONFIRMED THAT \$440 OF SUCH DUES WERE ALLOCATED TOWARDS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: SUBURBAN HOSPITAL, INC. Employer identification number: 52-0610545

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|---------------------|
| 1a Land | | 735,434. | | 735,434. |
| b Buildings | | 265,494,446. | 98,984,136. | 166,510,310. |
| c Leasehold improvements | | 89,950. | 89,950. | 0. |
| d Equipment | | 213,729,406. | 100,676,934. | 113,052,472. |
| e Other | | 24,286,648. | 9,861,387. | 14,425,261. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 294,723,477. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---------------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) LONG TERM INV | 300,168,170. | COST |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 300,168,170. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---------------------|
| (1) Federal income taxes | |
| (2) ADVANCES FROM THIRD PARTIES | 7,065,849. |
| (3) CAPITAL ACCUMULATION ACCOUNT | 423,821. |
| (4) INTEREST PAYABLE | 7,444. |
| (5) 457B FOR DIRECTORS | 26,871. |
| (6) DUE TO AFFILIATES | 134,451,564. |
| (7) WORKERS COMPENSATION INSURANCE | |
| (8) LIABILITY | 1,720,325. |
| (9) MALPRACTICE INSURANCE | 1,508,488. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 150,462,278. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THE HOSPITAL HAS ADOPTED THIS GUIDANCE, AND THERE WAS NO IMPACT ON ITS FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2021 AND 2020.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **SUBURBAN HOSPITAL, INC.** Employer identification number **52-0610545**

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | <input checked="" type="checkbox"/> | |
| b If "Yes," was it a written policy? | <input checked="" type="checkbox"/> | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | <input checked="" type="checkbox"/> | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> % | <input checked="" type="checkbox"/> | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | <input checked="" type="checkbox"/> | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | <input checked="" type="checkbox"/> |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | |
| 6a Did the organization prepare a community benefit report during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization make it available to the public? | <input checked="" type="checkbox"/> | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | 6445858. | 0. | 6445858. | 1.93% |
| b Medicaid (from Worksheet 3, column a) | | | | | | |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 6445858. | | 6445858. | 1.93% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 22783829. | 743,416. | 22040413. | 6.59% |
| f Health professions education (from Worksheet 5) | | | 2809829. | 0. | 2809829. | .84% |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | 1499076. | 1499076. | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 338,319. | 0. | 338,319. | .10% |
| j Total. Other Benefits | | | 27431053. | 2242492. | 25188561. | 7.53% |
| k Total. Add lines 7d and 7j | | | 33876911. | 2242492. | 31634419. | 9.46% |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group SUBURBAN HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

| | Yes | No |
|--|-----|----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | X |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | X |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | X | |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | X | |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | X |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | X |
| 7 Did the hospital facility make its CHNA report widely available to the public? | X | |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | X | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | X | |
| a If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | X |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ | | |

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SUBURBAN HOSPITAL, INC.

| | | Yes | No |
|---|---|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | X | |
| If "Yes," indicate the eligibility criteria explained in the FAP: | | | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input type="checkbox"/> Insurance status | | |
| f | <input type="checkbox"/> Underinsurance status | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | X | |
| 15 | Explained the method for applying for financial assistance? | X | |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | | | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? | X | |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SUBURBAN HOSPITAL, INC.

| | Yes | No |
|---|-----|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | X | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): | | |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) | | |
| b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) | | |
| c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) | | |
| d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) | | |
| e <input type="checkbox"/> Other (describe in Section C) | | |
| f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | |
|---|---|--|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | X | |
| If "No," indicate why: | | |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group SUBURBAN HOSPITAL, INC.

| | | Yes | No | | | |
|--|--|-----------|----------|--|--|--|
| <p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p> | | | | | | |
| <p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p> | | 23 | X | | | |
| <p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p> | | 24 | X | | | |

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUBURBAN HOSPITAL, INC.:

PART V, SECTION B, LINE 5: - SUBURBAN HOSPITAL, INC. (SHI) TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH VARIOUS WAYS LISTED BELOW:

A) SHI IS A FOUNDING AND PERMANENT STEERING COMMITTEE MEMBER OF HEALTHY MONTGOMERY, THE MONTGOMERY COUNTY'S FORMAL LOCAL HEALTH IMPROVEMENT COALITION (CHIC). HEALTHY MONTGOMERY AIMS TO IMPROVE ACCESS TO HEALTH AND SOCIAL SERVICES, ACHIEVE HEALTH EQUITY, AND SUPPORT OPTIMAL HEALTH AND WELL-BEING THROUGH COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP), A DYNAMIC, ON-GOING PROCESS THAT ALLOWS STAKEHOLDERS TO MONITOR AND ACT ON CONDITIONS AFFECTING THE HEALTH AND WELL-BEING OF MONTGOMERY COUNTY RESIDENTS. HEALTHY MONTGOMERY IS GOVERNED BY A STEERING COMMITTEE (HMSC), COMPOSED OF LOCAL COMMUNITY STAKEHOLDERS, SUCH AS COUNTY GOVERNMENT AND PUBLIC HEALTH OFFICIALS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, MINORITY HEALTH PROGRAMS/INITIATIVES, AND MEMBERS OF HEALTH CARE PROVIDER ORGANIZATIONS. HMSC PROVIDES RECOMMENDATIONS AND TECHNICAL EXPERTISE TO HELP ADVANCE PERIODIC COUNTY-WIDE NEEDS ASSESSMENTS, IDENTIFY AND PRIORITIZE HEALTH NEEDS, LEVERAGE POPULATION-BASED DATA AND INFORMATION, AND RESEARCH AND ADOPT BEST-PRACTICE STRATEGIES FOR HEALTH IMPROVEMENT. THROUGH A COMMUNITY AND CONSENSUS-DRIVEN APPROACH, THE MOST RECENT HEALTHY MONTGOMERY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), COMPLETED IN 2016, IDENTIFIED THE FOLLOWING FIVE KEY HEALTH PRIORITY AREAS FOR MONTGOMERY COUNTY RESIDENTS: OBESITY AND RELATED HEALTH PROBLEMS, HEART HEALTH, DIABETES, MATERNAL AND INFANT HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE, WITH THE EMERGING ISSUE OF HEROIN AND OPIOID MISUSE. BY WORKING DIRECTLY WITH HEALTHY MONTGOMERY, SHI CAN (1) ALIGN COUNTY-WIDE HEALTH PRIORITIES AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

STRATEGIES WITH THOSE IDENTIFIED FOR SHI'S COMMUNITY BENEFIT SERVICE AREA (CBSA) COMMUNITY AND (2) MONITOR PROGRESS AIMED TO ACHIEVE HEALTH EQUITY FOR ALL RESIDENTS. HMSC ADOPTED A SET OF CORE MEASURES THAT IS DESIGNED TO EVALUATE OUTCOMES FOR HEALTH AND WELL-BEING. THE HEALTHY MONTGOMERY WEBSITE HOSTS QUANTITATIVE DATA SETS FROM 2010-2018 FOR EACH OF THE CORE MEASURES AND IS ACCESSIBLE TO ALL.

B) SHI PRIORITIZED THE IMPERATIVE TO UNDERSTAND THE UNMET HEALTH NEEDS OF OUR COMMUNITY. DURING THE CHNA PROCESS, DIRECT INPUT FROM INDIVIDUALS IS COLLECTED THROUGH THE DEVELOPMENT AND DISTRIBUTION OF A COMMUNITY HEALTH SURVEY TOOL. THE OBJECTIVE OF THE SURVEY IS TO GATHER COMMUNITY INPUT AND PERSPECTIVES ON THE FOLLOWING TOPICS: BIGGEST HEALTH ISSUES OR CONCERNS IN THE COMMUNITY; TRENDS RELATIVE TO DEMOGRAPHICS AND COMMUNITY HEALTH STATUS; PERCEIVED HEALTH RISKS AND BENEFITS; WELLNESS SERVICES LACKING IN THE COMMUNITY; BARRIERS AND SERVICES RELATED TO CHRONIC HEALTH CONDITIONS; AND, RECOMMENDATIONS FOR IMPROVING HEALTH PREVENTION PROGRAMS IN THE COMMUNITY. SHI AND POTOMAC PHYSICIAN ASSOCIATES, A COMMUNITY STAKEHOLDER, DISTRIBUTED THE SURVEY JOINTLY. ONE HUNDRED FIFTY-ONE SURVEYS WERE COLLECTED DURING A THREE-MONTH PERIOD IN THE SPRING OF 2018. WHILE THE HEALTHY MONTGOMERY CHNA PROVIDES A PICTURE OF THE HEALTH STATUS OF MONTGOMERY COUNTY RESIDENTS AT-LARGE, THE FINDINGS FROM THE SURVEY RESULTS SERVED AS AN ADDITIONAL PRIMARY SOURCE OF INFORMATION FOR BEHAVIORS, NEEDS, AND OPINIONS ABOUT VARIOUS HEALTH AND COMMUNITY ISSUES DIRECTLY AFFECTING SHI'S CBSA. THE AGE DISTRIBUTION OF SURVEY RESPONDENTS VARIED, BUT THE MAJORITY (81%) WERE OVER THE AGE OF 50 AND MOSTLY FEMALE (55%). SURVEY PARTICIPANTS REPORTED LIVING PRIMARILY IN BETHESDA (20817 & 20814), POTOMAC (20854), AND ROCKVILLE (20850, 20851, 20852 & 20853).

UNDERREPRESENTED INDIVIDUALS, WHICH INCLUDE THE UNDERSERVED, UNDERINSURED,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LOW-INCOME, UNDOCUMENTED, AND MINORITY POPULATIONS ARE AMONG THE DIVERSE DEMOGRAPHICS THAT COMPRISE THE FEEDBACK, GUIDANCE AND COMMENTS SOLICITED VIA COMMUNITY LEADERS, ADVOCACY GROUPS AND TRUSTED PARTNERS TO INFORM SUBURBAN HOSPITAL'S CHNA PATH.

C) DATA COLLECTION INCLUDED INPATIENT, READMISSION AND EMERGENCY DEPARTMENT DATA FROM SHI AND CORE HEALTH INDICATORS FROM DATA SOURCES SUCH AS US CENSUS, BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BFRS), HEALTHY MONTGOMERY AND COUNTY HEALTH RANKINGS. THESE DATA SETS WERE EXAMINED AND UTILIZED AS SECONDARY DATA FOR THE HOSPITAL'S CHNA.

D) THE SHI 2019 CHNA ENGAGED COMMUNITY EXPERTS THROUGH THE COMMUNITY HEALTH IMPROVEMENT ADVISORY COUNCIL (CHIA), WHICH ADVISES ON THE DIRECTION OF THE NEEDS ASSESSMENT AND PRIORITIZATION. THE COUNCIL MEETS ON TRIANNUAL BASIS THROUGHOUT THE YEAR. CHARTED BY THE HOSPITAL'S BOARD OF TRUSTEES AND CHAIRED BY A TRUSTEE, THE CHIA IS COMPRISED OF A DIVERSE GROUP OF LOCAL BUSINESS, NON-FOR-PROFIT EXECUTIVES AND COMMUNITY ADVOCACY LEADERS WHO REPRESENT THE PERSPECTIVE OF THE COUNTY'S MEDICALLY UNDERSERVED, LOW-INCOME AND RACIALLY/ETHNICALLY DIVERSE POPULATIONS. THE CHIA REPRESENTS DIVERSE SECTORS OF SHI'S SERVICE AREA AND ACTS AS A LIAISON WITH THE COMMUNITY AND THE HOSPITAL TO IDENTIFY HEALTH IMPROVEMENT OPPORTUNITIES AND NEEDS. THE CHIA INCLUDES REPRESENTATIVES FROM THE FOLLOWING: AMERICAN UNIVERSITY, AQUAS INCORPORATED, A WIDER CIRCLE, MONTGOMERY COUNTY GOVERNMENT, BRADLEY HILLS VILLAGE, ALPHA PHI ALPHA FRATERNITY, COMMUNITY HEALTHCARE PROVIDERS, GIRLS ON THE RUN MONTGOMERY COUNTY, HEALTHCARE INITIATIVE FOUNDATION, MONTGOMERY COUNTY POLICE DEPARTMENT, TOTAL WINE AND MORE, AND THE YMCA OF METROPOLITAN WASHINGTON. ON MARCH 28, 2019, THE CHIA CONVENED TO REVIEW AND EVALUATE THE CHNA FINDINGS AS WELL AS ESTABLISH AN ACCEPTABLE PRIORITIZATION PROCESS. ON

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

APRIL 6, 2019, SUBURBAN HOSPITAL BOARD OF TRUSTEES APPROVED THE CHNA AND COMMUNITY BENEFIT REPORTS. THE FINAL CHNA REPORT WAS FORMALIZED AND ADOPTED BY THE CHIAC AND SUBURBAN EXECUTIVE TEAM ON JUNE 17, 2019.

E) SHI CONVENED A CHNA AD HOC COMMITTEE IN JANUARY 2019, COMPRISED OF KEY STAKEHOLDERS FROM SUBURBAN HOSPITAL'S CHIAC AND OTHER LOCAL STAKEHOLDERS INVESTED IN COMMUNITY HEALTH. REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS AND BUSINESSES INCLUDED AMERICAN UNIVERSITY, MONTGOMERY COUNTY GOVERNMENT, CATHOLIC CHARITIES OF ARCHDIOCESE OF WASHINGTON, COLESVILLE UNITED METHODIST CHURCH, FAMILY AND NURSING CARE, GIRLS ON THE RUN MONTGOMERY COUNTY, SUBURBAN HOSPITAL CANCER PROGRAM AND SUBURBAN HOSPITAL PATIENT AND FAMILY ADVISORY COUNCIL. THE AD HOC COMMITTEE VOICED INSIGHT INTO THE NEEDS OF THE COMMUNITY AND ANALYZED NEEDS ASSESSMENT DATA GAPS. THE COMMITTEE ALSO PLAYED A CRITICAL ROLE IN THE DEVELOPMENT OF THE PRIORITIZATION PROCESS. IN ADDITION TO THE EXPERTISE CONTRIBUTED BY THE COMMITTEE, SHI INCLUDED QUALITY HEALTH EXPERTS FROM JOHNS HOPKINS HEALTH SYSTEM, DR. ERIC DOBKIN, VICE PRESIDENT OF MEDICAL AFFAIRS AND MS. EILEEN PUMMER, SENIOR DIRECTOR OF QUALITY & COMPLIANCY, IN CONVERSATIONS FOR THEIR FIRST-HAND KNOWLEDGE OF THE MAJOR HEALTH CONCERNS, BARRIERS AND NEEDS FOR SUBURBAN'S PATIENT POPULATION.

F) THROUGHOUT THE YEAR, SHI'S COMMUNITY HEALTH AND WELLNESS (CHW) DIVISION, UTILIZING PUBLIC HEALTH KNOWLEDGE, PRINCIPLES AND EXPERTISE, SPEARHEADS THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT, IMPLEMENTATION AND COMMUNITY BENEFIT PROCESSES. THE CHW DIVISION ACTS AS A PUBLIC HEALTH RESOURCE AND GUIDE, DUE IN PART TO THE EDUCATIONAL BACKGROUND OF THE STAFF, STRONG RELATIONSHIPS BUILT IN THE COMMUNITY, AND FIRSTHAND KNOWLEDGE OF THE MAJOR HEALTH CONCERNS, BARRIERS AND NEEDS. BY WORKING DIRECTLY WITH HEALTHY MONTGOMERY TO COMPLETE THE HOSPITAL'S CHNA,

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE DIVISION ALSO ADMINISTERS SUPPLEMENTAL COMMUNITY SURVEYS, ANALYZES THEIR RESULTS, COMPOSES THE CHNA AND IMPLEMENTATION STRATEGY OVER EACH THREE-YEAR CYCLE, AND SUBMITS THE PLAN TO THE IRS. FURTHERMORE, THE DIVISION WORKS COLLABORATIVELY WITH THE MONTGOMERY COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT (DHHS), OTHER MONTGOMERY COUNTY HOSPITALS, COALITIONS, COMMUNITY PARTNERS AND LEADERS TO ENSURE COMMON GOALS ARE ESTABLISHED IN ORDER TO BEST LEVERAGE AND PROVIDE RESOURCES TO OUR COUNTY'S MOST VULNERABLE RESIDENTS.

G) THE MONTGOMERY COUNTY UNITED WAY REGIONAL COUNCIL (MCUWRC) CONSISTS OF VOLUNTEERS FROM BUSINESS, PUBLIC, AND NONPROFIT SECTORS IN THE COUNTY. REGIONAL COUNCIL MEMBERS SERVE AS REPRESENTATIVES OF THEIR COMMUNITY BY PROVIDING ADVICE ABOUT UNIQUE SITUATIONS AND NEEDS.

H) WITH THE ASSISTANCE OF MONTGOMERY COUNTY DHHS, KEY CORE MEASURES FOR ALL SIX MONTGOMERY COUNTY HOSPITALS' CBSAS WERE ANALYZED, PROCESSED, AND ADOPTED AS A SOURCE OF SECONDARY DATA FOR THE COMPLETION OF THE CHNA IN 2019.

SUBURBAN HOSPITAL, INC.:

PART V, SECTION B, LINE 7D: A FULL COPY OF SHI'S CHNA IS AVAILABLE IN PRINT AT THE HOSPITAL AND ON THE HOSPITAL'S WEBSITE. IN ADDITION, COMPONENTS OF SHI'S CHNA ARE ALSO AVAILABLE THROUGH THE HOSPITAL'S ELECTRONIC MAGAZINE AND WELLNESS NEWSLETTER KNOWN AS WELLWORKS. A SUPPLEMENTAL REPORT KNOWN AS THE COMMUNITY HEALTH IMPROVEMENT REPORT (CHI), WHICH HIGHLIGHTS SHI'S CHNA, IMPLEMENTATION STRATEGY AND COMMUNITY BENEFIT IS MADE AVAILABLE TO COMMUNITY STAKEHOLDERS AND LEGISLATORS ANNUALLY. THE CHIAC DISSEMINATES THE CHI TO THEIR STAKEHOLDERS AND

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY.

SUBURBAN HOSPITAL, INC.:

PART V, SECTION B, LINE 11: -THE 2019 IMPLEMENTATION STRATEGY IS THE HOSPITAL'S FORMAL RESPONSE TO THE NEEDS ASSESSMENT. APPROVED AND ADOPTED BY SHI BOARD OF TRUSTEES IN SEPTEMBER 2019, IT OUTLINES THE HOSPITAL'S PLAN TO ADDRESS EACH OF THE SIX PRIORITIZED HEALTH NEEDS, SPECIFICALLY NOTING THE ACTIONS THE HOSPITAL INTENDS TO TAKE AND THE ANTICIPATED IMPACT OF THESE ACTIONS. THE REPORT LISTS THE RESOURCES COMMITTED TO ADDRESS EACH HEALTH NEED, AS WELL AS PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER ORGANIZATIONS. WHEN POSSIBLE, EFFORTS ARE TAKEN TO ALIGN INITIATIVES WITH THE SHARED MISSION OF IMPROVING HEALTH IN MONTGOMERY COUNTY. SHI CONTINUES TO BUILD UPON EXISTING PROGRAMS ADDRESSING THESE SIX HEALTH AREAS, WORKING THOUGHTFULLY AND DILIGENTLY WITH COMMUNITY PARTNERS AND LEVERAGING RESOURCES TO ENSURE THAT THE VALUABLE INFORMATION ATTAINED FROM THE CHNA PROCESS CONTINUES TO BE UTILIZED FOR MONITORING AND EVALUATING ESTABLISHED HEALTH TARGETS AND GOALS.

- THE HSMC ESTABLISHED SIX OFFICIAL HEALTH PRIORITIES TO BE TRACKED, MEASURED AND EVALUATED BASED ON HEALTH INEQUITIES, LACK OF ACCESS, AND UNHEALTHY BEHAVIORS. ONE OF THOSE HEALTH PRIORITIES INCLUDES MATERNAL AND INFANT HEALTH. THE SHI SERVICE LINES ARE NOT ALIGNED TO AFFECT ALL OF THE CHANGES REQUIRED TO ADDRESS THIS HEALTH PRIORITY GIVEN THAT THE HOSPITAL DOES NOT HAVE AN OBSTETRICS DESIGNATION NOR DELIVER BABIES. ONE REASON FOR NOT SEEKING THIS DESIGNATION IS TO AVOID A DUPLICATION OF SERVICES; THERE ARE SEVERAL OTHER COMMUNITY HOSPITALS WITHIN 5-10 MILES OF OUR BETHESDA LOCATION WITH REPUTABLE OBSTETRICS PROGRAMS. WHILE SHI MAY NOT BE ABLE TO

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DIRECTLY ADDRESS THIS HEALTH PRIORITY, THE HOSPITAL DOES INDIRECTLY SUPPORT MATERNAL AND INFANT HEALTH INITIATIVES THROUGH FUNDING AND PROGRAMMING OF SEVERAL OTHER ORGANIZATIONS THAT PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES. NOTABLY, SHI PARTNERS WITH EVERYMIND AND THE OTHER MONTGOMERY COUNTY HOSPITALS TO DELIVER METAL HEALTH AWARENESS PROGRAMING TO THE COMMUNITY THROUGH WEBINARS ON SELF-CARE AND MENTAL AWARENESS. IN ADDITION, SUBURBAN HOSPITAL SUPPORTS PARENT ENCOURAGEMENT PROGRAM (PEP) IN THEIR EFFORTS TO BRING PARENTING EDUCATION TO UNDERSERVED PARENTS IN MONTGOMERY COUNTY THROUGH THEIR "CRITICAL TOPICS IN PARENTING" WEBINAR SERIES. VARIOUS TOPICS INCLUDE 'HELPING CHILDREN READJUST TO SCHOOL,' 'SUPPORTING THE MENTAL HEALTH OF TWEENS AND TEENS,' AND 'TALKING WITH YOUNG CHILDREN ABOUT EQUITY.' FOR EXAMPLE, SHI COLLABORATED WITH OTHER MONTGOMERY COUNTY HOSPITALS AND MONTGOMERY COUNTY PUBLIC SCHOOLS TO ORGANIZE A PROGRAM FOR SPANISH-SPEAKING PARENTS TO DISCUSS THE CHALLENGES OF VIRTUAL LEARNING. FEATURED ON THE ZOOM AND FACEBOOK LIVE PLATFORMS, THE LIVE CHAT REACHED OVER 500 REGISTERED PARTICIPANTS, RECEIVING MORE THAN 2,000 VIEWS. A FOLLOW-UP SESSION WAS OFFERED SPECIFICALLY TO ADDRESS THE DOUBLE THREAT OF COVID-19 AND INFLUENZA, TO PROVIDE TIMELY INFORMATION ABOUT TESTING AND TO SHARE RECOMMENDATIONS FOR TREATMENT. IN ADDITION, SHI PROVIDES FINANCIAL SUPPORT TO SAFETY NET CLINICS IN MONTGOMERY COUNTY WHO TREAT SPECIFIC PATIENTS REQUIRING OBSTETRIC OR PEDIATRIC CARE. THE HOSPITAL IS ALSO THE OFFICIAL HEALTH SPONSOR OF GIRLS ON THE RUN MONTGOMERY COUNTY PROVIDING DISCOUNTED CPR AND FIRST AID TRAINING CLASSES TO THE COACHES, PURCHASING SHOES AND HEALTHY SNACKS FOR STUDENTS FROM TITLE I SCHOOLS AND PROVIDING HEALTH TIPS ON GIRLS ON THE RUN MONTGOMERY COUNTY WEBSITE.

- INTEGRATING BOTH THE HOSPITAL'S IMPLEMENTATION AND INTERNAL STRATEGIC

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GOALS, THE STRATEGIC PLAN IS ALIGNED WITH THE OBJECTIVE OF PROVIDING A GUIDED HEALTHCARE SYSTEM TO OUR MOST VULNERABLE PATIENTS AND COMMUNITIES. DELIBERATELY APPLYING A COLLECTIVE IMPACT APPROACH, THE COMMUNITY HEALTH AND WELLNESS AND CARE COORDINATION DIVISIONS GUIDE AND SUPPORT THE FOLLOWING POPULATION HEALTH OBJECTIVES:

O TRANSITION GUIDE NURSES, WHO ENSURE A SEAMLESS TRANSITION AND BETTER MANAGE PATIENTS' COMPLEX NEEDS FROM HOSPITAL TO HOME.

O A RE-ADMISSIONS REDUCTION STRATEGY THAT SUPPORTS "AGING IN PLACE" VIA A VILLAGE ALLIANCE MODEL WITHIN SHI'S COMMUNITY BENEFIT SERVICE AREA (CBSA) ZIP CODES.

O DATA ANALYTICS TO IDENTIFY VULNERABLE COMMUNITIES IN SUBURBAN CBSA ZIP CODES TO SUPPORT AND INTEGRATE POPULATION HEALTH-SPECIFIC INTERVENTIONS WITH THE GOAL OF REDUCING HEALTH INEQUITIES AS OUTLINED BY COMMUNITY HEALTH IMPROVEMENT REPORT.

O INTEGRATION OF POPULATION HEALTH INTERVENTIONS AIMED AT REDUCING HEALTH INEQUITIES AND PARTNERING WITH SAFETY NET CLINICS IN MONTGOMERY COUNTY TO INCREASE ACCESS OF CARE TO UNDERSERVED POPULATIONS AND PROVIDE A CONTINUUM OF CARE IN CHRONIC DISEASE MANAGEMENT INTERVENTIONS.

O LEVERAGE OF CURRENT STAKEHOLDER RESOURCES TO IDENTIFY AND ADDRESS GAPS WITHIN POPULATION-SPECIFIC BEHAVIORAL HEALTH DISPARITIES AND SEEK TO IMPROVE ACCESS TO URGENT CARE MENTAL HEALTH SERVICES THROUGH HEALTHY MONTGOMERY AND BY PARTNERING WITH SAFETY NET CLINICS.

- FURTHERMORE, SHI IS A FOUNDING MEMBER OF NEXUSMONTGOMERY (LHIC), A UNIQUE AND FORMAL HEALTH TRANSFORMATION COLLABORATIVE OF ALL SIX HOSPITALS IN MONTGOMERY COUNTY, MARYLAND, FOCUSED ON ACHIEVING QUALITY COMMUNITY HEALTH IMPROVEMENT VIA ENHANCING PATIENT CARE, IMPROVING POPULATION HEALTH AND LOWERING TOTAL HEALTH CARE COSTS FOR SENIORS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUBURBAN HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/

SUBURBAN HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/

SUBURBAN HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/

PART V, SECTION B, LINE 7A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/SUBURBAN_HOSPITAL/COMMUNITY_HEALTH/](https://WWW.HOPKINSMEDICINE.ORG/SUBURBAN_HOSPITAL/COMMUNITY_HEALTH/)

PART V, SECTION B, LINE 10A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/SUBURBAN_HOSPITAL/COMMUNITY_HEALTH/](https://WWW.HOPKINSMEDICINE.ORG/SUBURBAN_HOSPITAL/COMMUNITY_HEALTH/)

PART V, SECTION B, LINE 16A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML](https://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML)

PART V, SECTION B, LINE 16B

[HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML](https://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

E-SERVICES/ASSISTANCE_POLICIES.HTML

PART V, SECTION B, LINE 16C

HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANC

E-SERVICES/ASSISTANCE_POLICIES.HTML

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

SEE DETAILS IN SCH H, PART V, SECTION B, LINE 13.

PART I, LINE 7:

-A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A AND 7B (FINANCIAL ASSISTANCE AT COST AND UNREIMBURSED MEDICAID). THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM OUR HSCRC COMMUNITY BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND WOULD NOT BE BASED ON A COST-TO CHARGE RATIO.

- LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID

Part VI Supplemental Information (Continuation)

REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

- LINE 7F COLUMN (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO HEALTH PROFESSIONS EDUCATION.

PART I, LINE 7G:

SUBURBAN HOSPITAL, INC. DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

PART II, COMMUNITY BUILDING ACTIVITIES:

- SHI RECOGNIZES THE COMMUNITY'S UNMET OR POTENTIAL HEALTH NEEDS BY LEVERAGING RESOURCES WITH LONG-STANDING COMMUNITY COALITIONS, PARTNERS, ADVISORY GROUPS, BOARDS, PANELS, COMMITTEES, AS WELL AS BY SERVING ON LOCAL COUNTY COMMISSIONS. IN ADDITION, SHI WORKS CLOSELY WITH MCDHHS PUBLIC HEALTH OFFICIALS AND LEADERS OF ALL SIX MONTGOMERY COUNTY HOSPITALS TO IDENTIFY POTENTIAL GAPS IN LOCAL SERVICES THAT CAN NEGATIVELY INFLUENCE ONE'S HEALTH AND WELL-BEING.

- SHI'S COMMUNITY BUILDING ACTIVITIES SUPPORT AND PROMOTE THE HEALTH OF THE COMMUNITY IT SERVES THROUGH A NUMBER OF HEALTH IMPROVEMENT INITIATIVES

Part VI Supplemental Information (Continuation)

THAT LEVERAGE AND HIGHLIGHT THE EXPERTISE AND INSIGHT OF LOCAL AND TRUSTED ORGANIZATIONS. THE GOAL IS TO AVOID DUPLICATION AND RESERVE RESOURCES FOR THOSE WHO NEED THEM THE MOST. A WIDER CIRCLE, AMERICAN RED CROSS, BETHESDA CHEVY CHASE ROTARY CLUB, BETHESDA CHEVY CHASE CHAMBER OF COMMERCE, BETHESDA CHEVY CHASE YMCA, AMERICAN LUNG ASSOCIATION, MONTGOMERY COUNTY CHAMBER OF COMMERCE, ARCHDIOCESES HEALTHCARE NETWORK/CATHOLIC CHARITIES OF WASHINGTON DC, MONTGOMERY COUNTY CANCER CRUSADE/TOBACCO COALITION, MONTGOMERY COUNTY CHAMBER OF COMMERCE, MONTGOMERY COUNTY SENIOR HEALTH AND WELLNESS ADVISORY COUNCIL, MONTGOMERY COUNTY FOOD COUNCIL, CHARLES E. SMITH LIFE COMMUNITIES, CATHOLIC CHARITIES CENTER, EVERYMIND, LATINO HEALTH INITIATIVE, MOBILE MEDICAL CARE, INC., NEXUS MONTGOMERY, PROYECTO SALUD CLINIC, PARENTING ENCOURAGEMENT PROGRAM (PEP), SAFE KIDS COALITION, SCOTLAND COMMUNITY PARTNERSHIP, THE UNITED WAY NATIONAL CAPITAL REGION, WASHINGTON METROPOLITAN OASIS AND AGING IN PLACE VILLAGE ALLIANCES ARE ALL VALUABLE ASSETS TO IDENTIFYING THE DIVERSITY OF COMMUNITY NEED AND ENGAGEMENT.

SEVERAL EXAMPLES INCLUDE: COMMUNITY SUPPORT THROUGH THE AMERICAN RED CROSS BLOOD DRIVES, HELD QUARTERLY AT THE HOSPITAL; WORKFORCE DEVELOPMENT THROUGH THE MEDICAL EXPLORING PROGRAM WHICH ENABLES LOCAL HIGH SCHOOL STUDENTS TO LEARN IN MENTORSHIP WITH HOSPITAL STAFF WHILE ENHANCING THEIR KNOWLEDGE OF VARIOUS CAREERS IN MEDICINE AND HEALTHCARE; HOSPITAL SUPPORT AND CONTRIBUTIONS MADE BY SERVING ON LOCAL COMMUNITY HEALTH COALITIONS SUCH AS LATINO HEALTH INITIATIVE AND SAFE KIDS COALITION; PARTICIPATION IN LOCAL ECONOMIC DEVELOPMENT THROUGH THE BETHESDA CHEVY CHASE ROTARY CLUB, THE GREATER BETHESDA CHAMBER OF COMMERCE AND THE MONTGOMERY COUNTY CHAMBER OF COMMERCE; COLLABORATIVE PARTNERSHIPS WITH SAFETY NET CLINICS MOBILEMED, CATHOLIC CHARITIES AND CLINICA PROYECTO SALUD TO INCREASE ACCESS TO CARE FOR VULNERABLE POPULATIONS AT NO COST; HOSPITAL STAFF

Part VI Supplemental Information (Continuation)

DEDICATE TIME TO SERVE ON VARIOUS NON-PROFIT BOARDS AND COUNCILS INCLUDING BETHESDA CHEVY CHASE YMCA, ARCHDIOCESES HEALTHCARE NETWORK/CATHOLIC CHARITIES OF WASHINGTON DC, MONTGOMERY COUNTY FOOD COUNCIL, MONTGOMERY COUNTY SENIOR HEALTH AND WELLNESS ADVISORY COUNCIL; EXPANDING POPULATION SPECIFIC PROGRAMMING BY PARTNERING WITH LOCAL VILLAGES NETWORKS, WASHINGTON METROPOLITAN OASIS, SCOTLAND COMMUNITY PARTNERSHIP AND CHARLES E. SMITH LIFE COMMUNITIES TO IMPROVE HEALTH AND MEET THE NEEDS OF THE UNDERSERVED, VULNERABLE YOUTH AND SENIOR POPULATIONS LIVING IN MONTGOMERY COUNTY.

- SUBURBAN'S SWIFT AND AGILE RESPONSE TO THE PANDEMIC TO DATE:

O ARRANGED A VOLUNTEER HOTLINE TO ADDRESS COMMUNITY QUESTIONS ON COVID-19 RESOURCES IN THE COMMUNITY;

O ESTABLISHED AN ACTIVE COVID-19 TESTING SITE IN THE HOSPITAL PARKING GARAGE IN EARLY MARCH 2020 WITH CONTINUED OPERATIONS THROUGHOUT FY2021;
O VACCINATED OVER 25,000 STAFF AND COMMUNITY MEMBERS FROM JANUARY TO JUNE 2021.

O DONATED PERSONAL PROTECTIVE EQUIPMENT TO LOCAL SKILLED NURSING FACILITIES AND SAFETY NET CLINICS;

O DISTRIBUTED OVER 1,000 COVID-19 CARE KITS TO COMMUNITY PARTNERS TO REACH UNDERSERVE COMMUNITIES IMPACTED BY THE PANDEMIC.

O PROVIDED WRITTEN COMMUNICATION TO OUR COMMUNITY AND LOCAL VILLAGES ABOUT COVID TESTING OPTIONS, HEALTH AND WELLNESS EVENTS, FOOD ASSISTANCE PROGRAMS AND TRANSPORTATION RESOURCES FROM LOCAL PARTNERS. (MANNA FOOD, MONTGOMERY COUNTY RIDE ON BUS);

O SUPPORTED BEHAVIORAL HEALTH SERVICES THROUGH PARTNERSHIP WITH EVERYMIND TO PROVIDE MENTAL HEALTH EDUCATION TO COMMUNITY;

O COLLABORATED WITH AMERICAN RED CROSS, A LOCAL SCHOOL, STONE RIDGE OF THE SCARED HEART AND A LOCAL CAR DEALERSHIP, TO HOLD COMMUNITY BLOOD DRIVES.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

THE PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE PAYOR SOURCE, THE AGING OF RECEIVABLES AND MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TRENDS IN HEALTH INSURANCE COVERAGE, AND OTHER COLLECTION INDICATORS.

PART III, LINE 3:

MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE RATE REGULATION, SHI CANNOT DETERMINE THE AMOUNT THAT REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

PART III, LINE 4:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES AUDITED FINANCIAL STATEMENTS PAGE 17.

PART III, LINE 8:

THE TRIAL BALANCE EXPENSES ARE ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH THE MEDICARE COST REPORTING RULES AND REGULATIONS.

PART III, LINE 9B:

THE HOSPITAL CONFORMS TO THE PRINCIPLES AND STANDARDS OF THE MHA HOSPITAL BILLING AND DEBT COLLECTION PRACTICES PRINCIPLES AS WELL AS THE MHA MINIMUM STANDARDS FOR FINANCIAL ASSISTANCE IN MARYLAND HOSPITALS.

PART VI, LINE 2:

Part VI Supplemental Information (Continuation)

SHI'S COMMUNITY BENEFIT STRATEGIC PLAN IS INTEGRATED INTO THE HOSPITAL'S STRATEGIC TARGETS TO ENSURE A COLLECTIVE APPROACH TO BUILDING QUALITY RELATIONSHIPS WITH COMMUNITY PARTNERS IN ADDRESSING THE HEALTH NEEDS OF THE COMMUNITY. SUBURBAN HOSPITAL'S COMMUNITY BENEFIT PLAN IS AN INTEGRAL COMPONENT OF THE HOSPITAL'S STRATEGIC APPROACH TO ADDRESSING THE COMMUNITY'S HEALTH NEEDS. USING A COLLABORATIVE APPROACH THAT BUILDS ON LONG-STANDING INTERNAL AND EXTERNAL PARTNERSHIPS, SUBURBAN CAN EFFECTIVELY PLAN FOR AND UTILIZE RESOURCES TO ADDRESS IDENTIFIED HEALTH NEEDS. THIS APPROACH STARTS AT THE TOP; THE ADMINISTRATIVE DIRECTOR OF COMMUNITY AFFAIRS & POPULATION HEALTH IN THE COMMUNITY HEALTH AND WELLNESS (CHW) DIVISION REPORTS DIRECTLY TO THE PRESIDENT OF SUBURBAN HOSPITAL, ENSURING THE TWO STRATEGIES REMAIN LINKED TO LEVERAGE RESOURCES EFFICIENTLY WHILE MEETING OBJECTIVES. CHW'S COMMITMENT TO THE STRATEGIC PLAN IS ONGOING; QUARTERLY, PROGRESS IS REVIEWED AND REPORTED AS PART OF THE HOSPITAL'S OVERALL OPERATION PERFORMANCE SCORECARD. WITH CONSTANT COMMUNICATION AND CONSIDERATION OF COMMUNITY BENEFIT PLANNING AND STRATEGY, CHW IS ABLE TO EFFECTIVELY ALIGN AND SUPPORT HOSPITAL OPERATIONS AND OVERALL SYSTEM GOALS, EVEN AS THEY CHANGE, AS EVIDENCED BY THE COVID-19 GLOBAL PANDEMIC. WHILE KEEPING PRIORITIZED HEALTH NEEDS AND STRATEGIES IN SIGHT, SUBURBAN HOSPITAL AND CHW FLEXED THEIR STRENGTHS AND LEVERAGED RELATIONSHIPS TO MEET THE POPULATION'S NEEDS AT THE GREATEST DISADVANTAGE. A PRIME EXAMPLE WAS THE DELIVERABLE SHIFTING OF CHW OPERATIONS TO ADDRESS ONGOING COVID-19 TESTING AND VACCINATION CLINIC OPERATIONS.

PART VI, LINE 3:

SHI'S PATIENT ACCESS DEPARTMENT PROVIDES ALL PATIENTS REGISTERED FOR EMERGENCY, OUTPATIENT, OR INPATIENT CARE A COPY OF OUR FINANCIAL ASSISTANCE INFORMATION SHEET. SIGNS ARE POSTED IN ENGLISH AND SPANISH

Part VI Supplemental Information (Continuation)

EXPLAINING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND WHERE TO CALL FOR ASSISTANCE. THE SIGNS ARE LOCATED IN THE EMERGENCY, PEDIATRICS, CATH LAB, AND FINANCIAL COUNSELING DEPARTMENTS, AS WELL AS THE MAIN REGISTRATION DESK. A FINANCIAL ASSISTANCE APPLICATION IS GIVEN TO EVERY SELF-PAY PATIENT WITH INSTRUCTIONS ON HOW TO APPLY AND WHO TO CONTACT FOR ASSISTANCE. THE SAME INFORMATION IS PROVIDED TO ALL OTHER PATIENTS UPON REQUEST. THIS INFORMATION IS ALSO AVAILABLE IN SPANISH. NOTICE OF AVAILABILITY IS ALSO POSTED ON THE HOSPITALSS WEBSITE.

SUBURBAN HOSPITAL'S FINANCIAL COUNSELORS AND SOCIAL WORKERS ARE TRAINED TO ANSWER PATIENTS' QUESTIONS ABOUT FINANCIAL ASSISTANCE AND PROVIDE LINKAGE TO OTHER COMMUNITY ASSISTANCE RESOURCES PRIOR TO DISCHARGE. REGISTRATION AND PATIENT ACCOUNTING STAFF IS TRAINED TO ANSWER QUESTIONS REGARDING FINANCIAL ASSISTANCE AND WHO TO CONTACT TO APPLY. THE PATIENT ACCESS DEPARTMENT ALSO HAS MEDICAID SPECIALISTS ONSITE TO ASSIST PATIENTS IN APPLYING FOR MARYLAND MEDICAL ASSISTANCE. ALL UNINSURED PATIENTS ARE SCREENED FOR MEDICAID UPON ADMISSION AND PROVIDED WITH INFORMATION AND REFERRAL FOR FINANCIAL ASSISTANCE. IN ADDITION, SINCE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, SUBURBAN HOSPITAL NOW HAS STAFF MEMBERS WHO ARE CERTIFIED APPLICATION COUNSELORS AND AVAILABLE TO ASSIST PATIENTS WHO HAVE QUESTIONS ABOUT ELIGIBILITY REQUIREMENTS FOR THE MARYLAND HEALTH INSURANCE EXCHANGE. OUR CERTIFIED APPLICATION COUNSELORS PROVIDE INFORMATION AND ASSIST PATIENTS WITH INITIATION OF ONLINE HEALTH EXCHANGE PLAN ENROLLMENT WHEN REQUESTED.

PART VI, LINE 4:

- SHI GEOGRAPHIC SERVICE AREA IS SUBURBAN.
- THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL

Part VI Supplemental Information (Continuation)

ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN AND DOES NOT LIMIT ITS COMMUNITY SERVICES TO THE PRIMARY SERVICE AREA. THE CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING FOURTEEN ZIP CODES:

20814, 20815, 20816, 20817, 20850, 20851, 20852, 20853, 20854, 20895, 20902, 20904, 20906, AND 20910.

- THE DATA FOR THE IDENTIFIED CBSA CAN BE SUMMARIZED AS FOLLOWS: TOTAL POPULATION WAS 557,600 OF WHICH 47.86% WERE MALES AND 52.14% WERE FEMALES; 68.7% OF THE POPULATION EARN OVER \$75,000 OR MORE; 2.95% OF RESIDENTS ARE UNINSURED; 30.78% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE AND 44.3% IDENTIFY AS A RACE OTHER THAN WHITE.

- NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 5

- FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY.

PART VI, LINE 5:

- THROUGHOUT THE CALENDAR YEAR, HOSPITAL PHYSICIANS, NURSES AND OTHER ALLIED HEALTH STAFF VOLUNTEER THEIR TIME, EXPERTISE, AND PRESENT APPROPRIATE HEALTH AND WELLNESS TOPICS TO COMMUNITY GROUPS INCLUDING SENIOR LIVING COMMUNITIES, LOCAL VILLAGE NETWORKS AND LOCAL YOUTH GROUPS INCLUDING GIRL SCOUT AND CUB SCOUT TROOPS. BEYOND THE WALLS OF THE HOSPITAL, PHYSICIANS, NURSES, PHARMACISTS AND ALLIED HEALTH PROFESSIONALS DEDICATE THEIR TIME, KNOWLEDGE AND EXPERTISE, SERVING AS PRECEPTORS, BY MENTORING UNDERGRADUATE AND GRADUATE STUDENTS IN AN EFFORT TO EXPAND WORKFORCE DEVELOPMENT.

- SHI HAS COLLABORATED WITH THE BOY SCOUTS OF AMERICA FOR OVER 20 YEARS TO DESIGN A UNIQUE CURRICULUM IN MEDICAL EXPLORING, A ONE-OF-A-KIND EDUCATIONAL INITIATIVE FOR HIGH SCHOOL STUDENTS SEEKING HANDS-ON ACCESS TO EXPLORING CAREERS IN MEDICINE. THROUGHOUT THE ACADEMIC YEAR, STUDENTS

Part VI Supplemental Information (Continuation)

HAVE THE OPPORTUNITY TO PARTICIPATE IN UP TO 25 HANDS-ON LEARNING LABS THAT REPLICATE KEY FUNCTIONS OF THE HOSPITAL SYSTEM, LED BY THE REGION'S TOP PHYSICIANS, SURGEONS, AND HEALTHCARE PROFESSIONALS. ACTIVE LEARNING IS AN IMPERATIVE, MEDICAL EXPLORERS HAVE THE OPPORTUNITY TO LEARN AND PRACTICE SUTURING TECHNIQUES FROM THE HOSPITAL'S INTENSIVISTS, OBSERVE OPEN HEART SURGERY, EXPLORE CAREERS DENTISTRY, OTOLARYNGOLOGY, NEUROLOGY AND ALLIED HEALTH INCLUDING PHYSICAL THERAPY AND NURSING. DURING THE PANDEMIC, MEDICAL EXPLORING WAS DELIVERED OVER ZOOM.

- SINCE 2007, THE MOBILEMED/NIH HEART CLINIC AT SUBURBAN HOSPITAL HAS PROVIDED EXPERT CARE TO NEARLY 4,000 PATIENTS AND HAS CONDUCTED MULTIPLE OPEN-HEART SURGERIES AT NO COST TO THOSE PATIENTS WHO ARE IN URGENT NEED OF THESE SPECIALTY CARE AND INPATIENT SERVICES. MOBILE MEDICAL CARE, INC., THE NATIONAL HEART, LUNG AND BLOOD INSTITUTE AND SUBURBAN HOSPITAL HAVE OPERATED A SPECIALTY CARDIAC CLINIC ON-SITE TO PROVIDE ACCESS TO CARE AND ALLEVIATE THE GAP IN SPECIALTY PROVIDERS FOR CARDIAC PATIENTS. REFERRED FROM SAFETY NET CLINICS IN THE COUNTY, CLINIC PATIENTS ARE EVALUATED BY A SUBURBAN CARDIOLOGIST AND CLINICAL STAFF FROM THE NIH. IN ADDITION TO COORDINATING THE CARDIOLOGISTS AND NURSES WHO VOLUNTEER AT THE CLINIC, SHI SUPPORTS THE COSTS ASSOCIATED WITH FREE CARDIOVASCULAR SPECIALTY DIAGNOSTIC SCREENINGS AND OPEN-HEART SURGERY FOR PATIENTS WHO REQUIRE ADVANCED CARDIAC CARE. A FEW YEARS LATER, AND BASED ON SIMILAR FRAMEWORK MODELED BY THE MOBILEMED/NIH HEART CLINIC AT SUBURBAN HOSPITAL, MOBILE MEDICAL CARE, INC. AND THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK) PARTNERED TO ESTABLISHED A FREE ENDOCRINE CLINIC PROVIDING LIFESTYLE AND CHRONIC DISEASE MANAGEMENT FOR PEOPLE WITH ENDOCRINE DISEASES IN JULY 2010. STAFF FROM THE THREE INSTITUTIONS VOLUNTEER THEIR TIME ONCE A WEEK BY PROVIDING DIAGNOSTIC TESTS, LABORATORY SERVICES AND FREE MEDICAL EXAMINATIONS, AND THAT TO DATE

Part VI Supplemental Information (Continuation)

HAS TREATED NEARLY 2,500 PATIENTS. IN ADDITION, PATIENTS HAVE THE OPPORTUNITY TO MEET FOR ONE-ON-ONE CONSULTATIONS AND COACHING SESSIONS WITH SUBURBAN HOSPITAL REGISTERED DIETITIANS TO REVIEW INDIVIDUAL NUTRITION PLANS AND EXAMINE DIETARY CHALLENGES AT NO COST.

- SHI'S BOARD OF TRUSTEES APPROVES COMMUNITY FINANCIAL CONTRIBUTIONS TO ELIGIBLE LOCAL NOT-FOR-PROFIT ORGANIZATIONS ON A YEARLY BASIS. THE CONTRIBUTIONS ARE ALLOCATED TO ORGANIZATIONS THAT ALIGN WITH THE HOSPITAL'S STRATEGIC OBJECTIVES AS WELL AS THE COMMUNITY HEALTH IMPROVEMENT PLAN, THEREBY DIRECTLY LINKING TO THE HOSPITAL'S CHNA AND CBR TO EXPAND HEALTH IMPROVEMENT INITIATIVES IN THE COMMUNITY BEYOND SHI'S LEVEL OF EXPERTISE OR CAPACITY. FOR EXAMPLE, SHI PROVIDES PROGRAMMING IN-KIND SUPPORT AND FINANCIAL CONTRIBUTIONS TO LOCAL ORGANIZATIONS SUCH AS A WIDER CIRCLE, BETHESDA CHEVY CHASE YMCA, EVERYMIND, AND GIRLS ON THE RUN MONTGOMERY COUNTY AS THE MISSIONS AND VALUES OF THOSE ORGANIZATIONS ALIGN WITH THE HEALTH PRIORITIES SET BY THE HOSPITAL'S CHNA. ANOTHER EXAMPLE INCLUDES THE SUPPORT OF THE BETHESDA CHEVY CHASE YMCA IS ANNUAL TURKEY CHASE, WHICH FOCUSES ON FREE EDUCATION SERVICES TO PARENTS TO BUILD STRONG FAMILIES IN THE COMMUNITY. THE ANNUAL TURKEY FUN RUNS DRAWS OVER 10,000 INDIVIDUALS ON THANKSGIVING MORNING AND HOSTS OTHER ENGAGING ACTIVITIES FOR CHILDREN THAT CONNECT COMMUNITY ENGAGEMENT AND PERSONAL WELLNESS. DURING THE PANDEMIC, THE ANNUAL TURKEY CHASE WAS HELD THROUGH A VIRTUAL PLATFORM, WHICH SHI SUPPORTED AND PROVIDED DISCOUNTED REGISTRATION TO ITS EMPLOYEES TO SUPPORT THE HEALTH IMPROVEMENT AND WELLBEING OF ITS WORKFORCE COMMUNITY.

- PLEASE SEE FORM 990, SCHEDULE O FOR A DESCRIPTION OF SIGNIFICANT COVID-19 RESPONSE ACTIVITIES.

Part VI Supplemental Information (Continuation)

- FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY-INSURED, COMMERCIALY INSURED, OR SELF-PAYERS CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO: PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS; REVIEW AND APPROVE HOSPITAL RATES; COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND, MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS' COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS' COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON [HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX](https://hscrc.state.md.us/pages/init_cb.aspx)

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS' COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS.

HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.

PART VI, LINE 6:

Part VI Supplemental Information (Continuation)

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHSC AND AFFILIATES (JHHS). JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD.

JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D.C. COMMUNITY BASED HOSPITAL, AND JOHNS HOPKINS ALL CHILDRENS HOSPITAL, INC (JHACH), A FL ACADEMIC CHILDRENS HOSPITAL.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **SUBURBAN HOSPITAL, INC.** Employer identification number **52-0610545**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| THE GREATER BETHESDA CHEVY CHASE CHAMBER OF COMMERCE - 7910 WOODMONT AVE, STE 1204 - BETHESDA, MD 20814 | 52-0545799 | 501(C)(6) | 7,120. | 0. | | | LOCAL COMMUNITY ASSISTANCE |
| GIRLS ON THE RUN OF MONTGOMERY COUNTY - 11821 PARKLAWN DRIVE, STE 125 - ROCKVILLE, MD 20852 | 20-5531978 | 501(C)(3) | 5,739. | 0. | | | LOCAL COMMUNITY ASSISTANCE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **4.**

3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SUBURBAN HOSPITAL, INC.

Employer identification number

52-0610545

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) KEVIN W. SOWERS, M.S.N., R.N., CORPORATE VICE CHAIRMAN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 1,159,544. | 501,563. | 11,150. | 208,657. | 12,771. | 1,893,685. | 0. |
| (2) RONALD PETERSON FORMER CORPORATE VICE CHAIRMAN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 0. | 0. | 1,275,825. | 0. | 0. | 1,275,825. | 0. |
| (3) MARTIN BASSO SR VP FINANCE & TREASURER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 460,150. | 264,906. | 127,954. | 75,868. | 19,374. | 948,252. | 0. |
| (4) JACKY SCHULTZ PRESIDENT, TRUSTEE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 376,945. | 242,335. | 138,982. | 0. | 8,529. | 766,791. | 0. |
| (5) LEO ROTELLO, M.D. TRUSTEE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 472,901. | 132,637. | 2,500. | 72,929. | 28,222. | 709,189. | 0. |
| (6) ERIC DOBKIN VP MEDICAL AFFAIRS | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 397,896. | 75,756. | 14,492. | 9,287. | 20,307. | 517,738. | 0. |
| (7) PETER B. MANCINO, ESQ. SECRETARY | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 317,075. | 61,679. | 7,032. | 74,381. | 21,696. | 481,863. | 0. |
| (8) CAROLYN CARPENTER, M.H.A, F.A.C PRESIDENT OF THE NATIONAL CAPITAL RE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 215,138. | 157,399. | 1,209. | 38,342. | 14,046. | 426,134. | 0. |
| (9) LEIGHANN SIDONE, R.N. VP NURSING & CNO | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 254,133. | 48,977. | 33,080. | 37,760. | 32,491. | 406,441. | 0. |
| (10) JOSEPH LINSTROM VP OPERATIONS | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 253,164. | 47,846. | 8,776. | 68,486. | 11,815. | 390,087. | 0. |
| (11) STEVEN COHEN PHYSICIAN ASST. | (i) | 241,864. | 0. | 1,485. | 12,761. | 25,203. | 281,313. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) JENNIFER RAYNOR DEPT DIR OF PHARMACY | (i) | 208,757. | 5,000. | 6,515. | 10,959. | 15,917. | 247,148. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) CHARLES HOOKS SR DIR INFORMATION SYSTEMS | (i) | 198,795. | 8,500. | 14,939. | 10,573. | 10,430. | 243,237. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) BRADLEY FIELD CHIEF PERFUSIONIST | (i) | 224,112. | 0. | 1,108. | 11,368. | 2,390. | 238,978. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) CINDY MERZ, M.S. VICE PRESIDENT, DEVELOPMENT | (i) | 134,122. | 8,171. | 27,211. | 7,760. | 26,417. | 203,681. | 0. |
| | (ii) | 20,250. | 0. | 2,327. | 0. | 38. | 22,615. | 0. |
| (16) DEIDRE HILLIARD PHYSICIAN ADVISOR | (i) | 207,629. | 0. | 228. | 10,731. | 6,319. | 224,907. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

A SELECT GROUP OF SENIOR LEADERS OF THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) PARTICIPATE IN SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, INCLUDING SOME LEGACY ARRANGEMENTS THAT ARE NO LONGER AVAILABLE TO NEW HIRES. PRE-2011 PARTICIPANTS RECEIVE CASH PAYMENTS EACH YEAR DETERMINED WITH REFERENCE TO THEIR SERVICE WITH JHHSC AND THEIR FINAL AVERAGE COMPENSATION. AS OF JANUARY 2019, FUTURE CASH PAYMENTS ARE MADE ACCORDING TO A FIXED SCHEDULE FOR THESE PARTICIPANTS. POST-2011 PARTICIPANTS ACCRUE BENEFITS UNDER A DEFINED CONTRIBUTION FORMULA WHERE CONTRIBUTIONS ARE TIERED BY POSITION LEVEL. CONTRIBUTIONS MADE IN 2018 AND PRIOR YEARS GENERALLY VEST AFTER THE LATER OF FIVE YEARS OF SERVICE WITH JHHSC OR THREE YEARS OF PLAN PARTICIPATION; CONTRIBUTIONS MADE IN 2019 AND FUTURE YEARS VEST THREE YEARS AFTER EACH CONTRIBUTION IS MADE, WITH FULL VESTING ON THE LATER OF AGE 65 OR THREE YEARS OF PLAN PARTICIPATION. ALL CONTRIBUTIONS VEST ON DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE, THE PARTICIPANT'S ENTIRE NON-VESTED BENEFIT IS FORFEITED

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ALL OF THESE ARRANGEMENTS WERE APPROVED, IN ADVANCE, BY AN INDEPENDENT
COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN
INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE
ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE
SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A
RECEIVED PAYMENT FROM ONE OR MORE SUPPLEMENTAL RETIREMENT/DEFERRED
COMPENSATION PROGRAMS, WITH PAYMENTS REPORTED IN SCHEDULE J, PART II,
COLUMN (B)(III); THE TOTAL OF AMOUNTS PAYABLE DURING 2020 BUT REPORTED AS
DEFERRED COMPENSATION IN COLUMN (C) IN PREVIOUS YEARS IS REPORTED IN
SCHEDULE J, PART II, COLUMN (F). THE AMOUNTS BELOW MAY REFLECT ANNUAL CASH
PAYMENTS OR MULTIPLE YEARS OF ACCRUALS THAT VESTED IN 2020.

MARTY BASSO \$112,508 AND JACKY SCHULTZ \$120,403.56

IN ADDITION TO THOSE LISTED ABOVE, RONALD PETERSON RECEIVED PAYMENT FROM A
SUPPLEMENTAL RETIREMENT PROGRAM THAT WAS IN PLACE PRIOR TO 1986 AND SUBJECT
TO DIFFERENT TAX RULES. MR. PETERSON ACCRUED BENEFITS OVER A 40+ YEAR

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CAREER AT JOHNS HOPKINS HEALTH SYSTEM AND THE BENEFIT HAS BEEN REPORTED ON
 THE FORM 990 TWICE ALREADY: ONCE WHEN ACCRUED AND AGAIN WHEN INCLUDED AS
 TAXABLE INCOME FOR MEDICARE TAX PURPOSES. BENEFITS ARE PAID AS AN ANNUITY
 TO MR. PETERSON OVER HIS REMAINING LIFETIME AND TAXED FOR INCOME TAX
 PURPOSES AS PAID. UNDER FORM 990 REPORTING REQUIREMENTS, MR. PETERSON'S
 BENEFIT IS REQUIRED TO BE REPORTED A THIRD TIME WHEN PAID. DURING 2020, MR.
 PETERSON RECEIVED A PAYMENT OF \$1,275,825; THIS AMOUNT IS REPORTED IN
 SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 7:

ANNUAL INCENTIVE PLAN: EXECUTIVES PARTICIPATE IN AN ANNUAL INCENTIVE PLAN
 THAT REWARDS PARTICIPANTS FOR THE ACHIEVEMENT OF ORGANIZATION OBJECTIVES
 APPROVED BY THE JOHNS HOPKINS MEDICINE COMPENSATION COMMITTEE EACH YEAR,
 INCLUDING FINANCIAL AND NON-FINANCIAL MEASURES. A PORTION OF THE OVERALL
 AWARD IS DETERMINED BASED ON INDIVIDUAL PERFORMANCE.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| BARTON LEONARD | TRUSTEE | 288,294. | SEE PART V | | X |
| MARK FUTROVSKY | TRUSTEE | 409,154. | SEE PART V | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BARTON LEONARD

(D) DESCRIPTION OF TRANSACTION: SEE PART V

DR. LEONARD HOLDS AN OWNERSHIP INTEREST IN BETHESDA EMERGENCY ASSOCIATES "BEA". SUBURBAN HOSPITAL PAID BEA FOR PROGRAM SERVICES AND PHYSICIAN SUPPORT.

(A) NAME OF PERSON: MARK FUTROVSKY

(D) DESCRIPTION OF TRANSACTION: SEE PART V

MR. FUTROVSKY IS PRESIDENT OF THE ROLYN COMPANIES, INC. ("ROLYN"). SHI RENTED EQUIPMENT AND PURCHASED LABOR FROM ROLYN FOR COVID-19 RESPONSE AND PREPAREDNESS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SUBURBAN HOSPITAL, INC.

Employer identification number

52-0610545

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SURROUNDING AREA SINCE 1943. WE ARE A NOT-FOR-PROFIT HEALTHCARE

PROVIDER GUIDED BY THE NEEDS OF OUR PATIENTS AND COMMUNITY. ON JUNE

30, 2009, SUBURBAN HOSPITAL BECAME A MEMBER OF JOHNS HOPKINS MEDICINE.

THE DESIGNATED TRAUMA CENTER FOR MONTGOMERY COUNTY, SUBURBAN HOSPITAL

IS AFFILIATED WITH MANY LOCAL HEALTHCARE ORGANIZATIONS, INCLUDING THE

NATIONAL INSTITUTES OF HEALTH. IT IS COMMITTED TO CONTINUOUS

IMPROVEMENT AND APPROPRIATE USE OF RESOURCES, AND CREATES AN

ENVIRONMENT THAT ENCOURAGES THE SUCCESS AND FULFILLMENT OF OUR

PHYSICIANS, STAFF, AND VOLUNTEERS.

SUBURBAN HOSPITAL WILL SET THE STANDARD FOR EXCELLENCE IN HEALTHCARE IN

THE WASHINGTON METROPOLITAN REGION. THROUGH OUR AFFILIATIONS, WE

ASPIRE TO PROVIDE WORLD-CLASS PATIENT CARE, TECHNOLOGY, AND CLINICAL

RESEARCH.

FORM 990, PART I, LINE 8

PURSUANT TO THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)

ACT, SUBURBAN HOSPITAL, INC. RECOGNIZED \$15,535,931 OF FUNDING FROM THE

PROVIDER RELIEF FUND ADMINISTERED BY THE HEALTH RESOURCES AND SERVICES

ADMINISTRATION, AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN

SERVICES DURING FY21. THIS AMOUNT HAS BEEN RECOGNIZED AS GRANT REVENUE

ON PART I, LINE 8 OF THE ORGANIZATION'S FORM 990.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

| | |
|---|--|
| Name of the organization SUBURBAN HOSPITAL, INC. | Employer identification number 52-0610545 |
|---|--|

SURGICAL INPATIENTS. 2,023 OPERATING ROOM CASES WERE PERFORMED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPROVE CARE PROCESSES RELATED TO KEY TARGET ZERO QUALITY INITIATIVES:

- (1) FALLS WITH INJURY (2) CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION
(3) VENTILATOR ASSOCIATED PNEUMONIA (4) PRESSURE ULCER RATES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THERE WERE 537 ADMISSIONS.

FORM 990, PART VI, SECTION A, LINE 2:

1. BILL SHAW IS A TRUSTEE OF SUBURBAN HOSPITAL. WILLIAM CONWAY, JR. IS A TRUSTEE OF JOHNS HOPKINS MEDICINE, JOHNS HOPKINS HEALTH SYSTEM CORPORATION, AND THE JOHNS HOPKINS HOSPITAL. DAVID M. RUBENSTEIN IS A TRUSTEE OF JOHNS HOPKINS MEDICINE. MESSRS. SHAW, CONWAY AND RUBENSTEIN HAVE A BUSINESS RELATIONSHIP.

2. MICHAEL HANKIN IS A TRUSTEE OF JOHNS HOPKINS MEDICINE. KENNETH STUZIN IS A TRUSTEE OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER. ELIZABETH FLANAGAN IS A TRUSTEE OF SUBURBAN HOSPITAL. MESSRS. HANKIN AND STUZIN AND MRS. FLANAGAN HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

JOHNS HOPKINS HEALTH SYSTEM CORPORATION AN IRC 501(C)(3) TAX EXEMPT ORGANIZATION, IS THE SOLE CORPORATE MEMBER OF SUBURBAN HOSPITAL, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

JOHNS HOPKINS HEALTH SYSTEM CORPORATION, AN IRC 501C (3) TAX EXEMPT

| | |
|---|--|
| Name of the organization SUBURBAN HOSPITAL, INC. | Employer identification number 52-0610545 |
|---|--|

ORGANIZATION AND THE SOLE MEMBER OF SUBURBAN HOSPITAL, INC. ELECTS THE MAJORITY OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE GOVERNING BODY OF SUBURBAN HOSPITAL, INC. IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE SOLE MEMBER JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF TRUSTEES AND THE EXECUTIVE COMMITTEE BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL DISCLOSURE STATEMENT PROCESS. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AND TO COMPLY WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.

FORM 990, PART VI, SECTION C, LINE 19:

INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATIONS WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN

| | |
|---|--|
| Name of the organization SUBURBAN HOSPITAL, INC. | Employer identification number 52-0610545 |
|---|--|

OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

| | |
|---|-------------|
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN MARKET VALUE OF INT SWAP AGREEMENT | 88,367. |
| CHANGE IN FUND STATUS OF DEFINED BENEFIT PLANS | 8,153,000. |
| NET ASSETS RELEASED FROM RESTRICTION | 15,690,638. |
| CHANGE IN PENSION | 1,152,000. |
| UNREALIZED GAIN ON INVESTMENT | 49,357,381. |
| CONTRIBUTION TO/FROM AFFILIATE | -1,910,726. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 72,530,660. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **SUBURBAN HOSPITAL, INC.** Employer identification number **52-0610545**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| SUBURBAN PHYSICIAN ASSISTANT ASSOCIATES, LLC - 01-0642496, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814 | MEDICAL SERVICES | MARYLAND | 909,531. | 206,895. | SUBURBAN HOSPITAL, INC |
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| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| SUBURBAN HOSPITAL FOUNDATION, INC. - 52-2019696, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814 | SUPPORTING ORGANIZATION | MARYLAND | 501(C)(3) | LINE 12B, II | SUBURBAN HOSPITAL, INC | X | |
| JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211 | SUPPORTING ORGANIZATION | MARYLAND | 501(C)(3) | LINE 12D, III-0 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |
| HOWARD COUNTY GENERAL HOSPITAL, INC. - 52-2093120, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211 | HOSPITAL | MARYLAND | 501(C)(3) | LINE 3 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |
| JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. - 52-1341890, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211 | HOSPITAL | MARYLAND | 501(C)(3) | LINE 3 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|--|----------------------------|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| JOHNS HOPKINS COMMUNITY PHYSICIANS, INC. - 52-1467441, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211 | HEALTHCARE SERVICES | MARYLAND | 501(C)(3) | LINE 12D, III-0 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |
| JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211 | HEALTHCARE SERVICES | MARYLAND | 501(C)(3) | LINE 3 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |
| THE JOHNS HOPKINS HOSPITAL - 52-0591656 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 430 BALTIMORE, MD 21211 | HOSPITAL | MARYLAND | 501(C)(3) | LINE 3 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |
| SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814 | HEALTHCARE SERVICES | MARYLAND | 501(C)(3) | LINE 12D, III-0 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |
| LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & - 53-0196602, 5255 LOUGHBORO RD, NW, WASHINGTON, DC 20016 | HOSPITAL | DISTRICT OF COLUMBIA | 501(C)(3) | LINE 3 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |
| POTOMAC HOME SUPPORT INC - 52-1750383 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852 | HOME HEALTH CARE | MARYLAND | 501(C)(3) | LINE 12B, II | SIBLEY SUBURBAN HOME HEALTH AGENCY | | X |
| SIBLEY SUBURBAN HOME HEALTH AGENCY - 52-1450142, 6001 MONTROSE ROAD NO 307, ROCKVILLE, MD 20852 | HOME HEALTH CARE | MARYLAND | 501(C)(3) | LINE 10 | N/A | | X |
| PEDIATRIC PHYSICIAN SERVICES, INC - 59-3425191, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701 | PEDIATRIC MEDICAL SERVICES | FLORIDA | 501(C)(3) | LINE 11 | ALL CHILDREN'S HEALTH SYSTEM INC | | X |
| ALL CHILDREN'S HOSPITAL FOUNDTION, INC - 59-2481738, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701 | FOUNDATION | FLORIDA | 501(C)(3) | LINE 7 | ALL CHILDREN'S HEALTH SYSTEM INC | | X |
| ALL CHILDREN'S HOSPITAL, INC. - 59-0683252 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701 | HOSPITAL | FLORIDA | 501(C)(3) | LINE 3 | JOHNS HOPKINS HEALTH SYSTEM CORPORATION | | X |
| ALL CHILDREN'S RESEARCH INSTITUTE, INC - 59-2481742, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701 | RESEARCH | FLORIDA | 501(C)(3) | LINE 4 | ALL CHILDREN'S HEALTH SYSTEM INC | | X |
| KIDS HOME CARE, INC. - 59-3476049 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701 | HOME HEALTH CARE | FLORIDA | 501(C)(3) | LINE 11 | ALL CHILDREN'S HEALTH SYSTEM INC | | X |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|--------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC - 47-2509307, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. | GROUP PURCHASING | MD | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| HOWARD COUNTY NEONATAL SERVICES SERIES - 52-2239401, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, | NEONATAL HEALTH | MD | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211 | UTILITY FACILITIES | MD | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER DEVELOPMENT, LLC - 82-1388814, 3910 KESWICK RD, SOUTH BLDG, 4TH | LEASING REAL PROPERTY | MD | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211 | HEALTHCARE MANAGEMENT | MD | N/A | C CORP | N/A | N/A | N/A | | X |
| HSI MEDICAL SERVICES CORPORATION - 52-1847705, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211 | HEALTHCARE SLEEP DIAGNOSTICS | MD | N/A | C CORP | N/A | N/A | N/A | | X |
| JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD | NURSING SERVICES | MD | N/A | C CORP | N/A | N/A | N/A | | X |
| JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS, INC - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211 | BENEFIT PLANS | MD | N/A | C CORP | N/A | N/A | N/A | | X |
| TCAS, INC - 52-1979344 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211 | NURSING SERVICES | MD | N/A | C CORP | N/A | N/A | N/A | | X |

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| JOHNS HOPKINS HEALTHCARE, LLC - 52-1899357, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211 | MEDICAL SVCS | MD | N/A | N/A | N/A | N/A | X | | N/A | X | | N/A |
| JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS - 46-2866692, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. | HEALTHCARE SVC | MD | N/A | N/A | N/A | N/A | X | | N/A | X | | N/A |
| JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC - 52-2144849, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. | MEDICAL SVCS | MD | N/A | N/A | N/A | N/A | X | | N/A | X | | N/A |
| JOHNS HOPKINS REGIONAL SUPPLY CHAIN NETWORK, LLC - 47-2912848, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. | GROUP PURCHASING | MD | N/A | N/A | N/A | N/A | X | | N/A | X | | N/A |
| JOHNS HOPKINS SURGERY CENTER SERIES - 20-8707724, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD | SURGERY | MD | N/A | N/A | N/A | N/A | X | | N/A | X | | N/A |
| MARYLAND HEALTH ADVANTAGE, LLC - 81-3898700, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD | HOLDING COMPANY | DE | N/A | N/A | N/A | N/A | X | | N/A | X | | N/A |
| OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211 | OPHTHALMOLOGY SVCS | MD | N/A | N/A | N/A | N/A | X | | N/A | X | | N/A |
| WEST COUNTY MEDICAL, LLC - 27-5234888, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211 | REAL ESTATE | MD | N/A | N/A | N/A | N/A | X | | N/A | X | | N/A |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---------------------------------------|-------------------------------|------------------------|--|
| (1) SUBURBAN HOSPITAL FOUNDATION, INC | C | 1,578,341. | FMV |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC

EIN: 47-2509307

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HOWARD COUNTY NEONATAL SERVICES SERIES

EIN: 52-2239401

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER DEVELOPMENT,

LLC

EIN: 82-1388814

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS

EIN: 46-2866692

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC

EIN: 52-2144849

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS REGIONAL SUPPLY CHAIN NETWORK, LLC

EIN: 47-2912848

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS SURGERY CENTER SERIES

EIN: 20-8707724

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MARYLAND HEALTH ADVANTAGE, LLC

EIN: 81-3898700

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS MEDICAL MANANGEMENT CORPORATION

EIN: 52-1250028

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A

BALTIMORE, MD 21211

NAME OF RELATED ORGANIZATION:

TCAS, INC

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION

NAME OF RELATED ORGANIZATION:

SUBURBAN HEALTH ENTERPRISES, INC.

DIRECT CONTROLLING ENTITY: SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC